



2016 DICK KRAFFERT POOL SWIMMING LESSONS (4 & UP)

(rev 1/1/16)

City Hall Administrative Offices
107 N Franklin St
Titusville PA 16354-1734

Reservations can be made in person at City Hall or
on-line @ <http://titusvillepa.recdesk.com/recdeskportal/>
Email parksandrec@cityoftitusvillepa.gov or
call 827-5300 x 310 with any questions.

Please complete this form in its entirety and submit with full payment to the City of Titusville.

SESSION I	Monday, July 11 th - * Friday, August 5 th	<input type="checkbox"/> 10:00 a.m. – 11:00 a.m.	\$50.00/child (\$40.00 w/season pass purchase)
		<input type="checkbox"/> 11:15 a.m. – 12:15 p.m.	

** Classes will be held Monday – Thursday with Fridays reserved for make-up days.*

Child's First Name	Middle Initial	Last Name	Home Phone () -
Street Address		City	ZIP Code
Birthdate / /			Cell/Alternate Phone () -
Email Address			
Father or Guardian - First Name, MI, Last			Best Contact Phone () -
Mother or Guardian – First Name, MI, Last			Best Contact Phone () -
Emergency Contact Name	Relationship	Emergency Contact Phone	

I/We the parents (guardian) of the above member(s) hereby give my/our approval for his/her participation in the program to which this application applies. I/We understand that my child's participation in this activity involves the risk of injury to their person, as well as possible lost, stolen or damaged items. I/We personally hereby agree to assume the risks and I/we, on behalf of my/our minor child, agree to assume these risks. It is further understood that there is no health or accident coverage for treatment of injuries experienced or incurred during this program or as a result of the program. I/We certify that my /our child is in good health and has not existing injury or illness which might limit their participation in this program. In the event that I/we become aware of any such condition, I/we will immediately notify the supervisor or instructor. For and in consideration of my/our child's ability to participate in this program, I/we personally and on behalf of the child hereby release the City of Titusville, as well as all supervisors or instructors participating in this program from any and all claims or causes of action that I/we or the child might have against them for injuries to my/our child, damage or loss of their personal property, resulting from their participation in this program. In further consideration of my/our child's ability to participate in this program I/we agree to hold the City of Titusville, and any and all supervisors or instructors, or any other personnel involved harmless from and against any and all causes of action claims or lawsuits that might be brought against any or all of them arising from or relating to any injuries sustained by my/our child as a result of participating in this program. Said indemnity shall include court costs and reasonable attorney's fees. This release shall extend to my/our child's heirs, personal representatives and assigns.

**** Office Use Only****

Fee Paid _____
Cash / Check # _____
Paid By _____
Date rcvd ____ / ____ / ____
Staff _____

Signature _____ (date) OR Signature of Mother/Father (date) OR Signature of Guardian _____ (date)